

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**AMENDED**

Registration District No. 11 Primary Registration District No. 3016 Registrar's No. 734

STATE FILE NUMBER

VS 300  
Rev. 4/59

10269

20269

3

4 c

5

6

7 

8 4

94700

①

2

22

3 3 万

**USE BLACK INK  
OR  
TYPEWRITER RIBBON**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**INSTEAD OF**

**SHOULD READ**

ITEM NO.

**DOCUMENT**

BY AFFIDAVIT OF \_\_\_\_\_, MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		1963 Cole Jefferson City Memorial Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY c. CITY OR TOWN d. STREET ADDRESS (If outside, give location)		Mo. Cole Jefferson City 100 Bel Aire	
3. NAME OF DECEASED (Type or print) First Middle Last Harold William Shinn				4. DATE OF DEATH Month Day Year November 27, 1963			
5. SEX male		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/11/10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist		10b. KIND OF BUSINESS OR INDUSTRY Tolson Drug Co.		9. AGE (last birthday) 53		11. BIRTHPLACE (City and state or country) Vandalia, Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Benjamin Shinn		13b. MOTHER'S MAIDEN NAME Mary Williams		14. NAME OF HUSBAND OR WIFE Jane Shinn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Jane Shinn, Jefferson City, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Infection of the Myocardium</u> DUE TO (b) <u>ASHD</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u> <u>Indefinite</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____		Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>5:45 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>John Hanchew, MD</u>				22b. ADDRESS <u>302 Bolivar</u>		22c. DATE SIGNED <u>11/29/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 30, 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>	
24. FUNERAL DIRECTOR Freeman Mortuary, Jefferson City, Mo.				25. DATE RECD. BY LOCAL REG. <u>11-29-63</u>		26. REGISTRAR'S SIGNATURE <u>Helene Krueger</u>	

(Licensed Embalmer's Statement on Reverse Side)

DEC 27 1963

DEC 10 1963

9000  
9000

0000

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Thomas, D. Otke, Student Embalmer No. 713

working under my personal supervision.

Student

**Signature of Student Embalmer**

**Signed**

Licensed Embalmer No. 4683

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.